

SECTION I

REPORTS/DOCUMENTS

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Benefits Confirmation Statement

The purpose of the Benefits Confirmation Statement is to list all benefits that an employee is enrolled in and any dependents that are enrolled with the employee. The Benefits Confirmation Statement is provided when an employee makes a change to their benefits or upon request.



Benefits Confirmation

State Controller's Office,
300 Capitol Mall,
Sacramento, CA 95814.

Date
10/08/2012

Personnel number	Name of employee	
Personnel area State Controller's Office.	Personnel subarea R&F BU01 (SEIU)	
Employee group Month/Month/Negative	Employee subgroup Temp/FT/FLSA	Payroll area Monthly Neg
Benefit area Civil Service	First program grouping R1,3,4,9,10-15,20,21	Second program grouping Benefits Eligible

Medical		
BlueShield Net Value		05/31/2012-12/31/9999
Attributes		
Standard, EE + Sp/EConDP/Child(B)		
Costs Monthly		
Employee pre-tax		166.46 USD
Employer		905.00 USD
Dependents in period		
		05/31/2012-12/31/9999
		Natural Born Child
Dental		
Delta Care USA		05/31/2012-12/31/9999
Attributes		
Standard, EE + Family/EConDP(B)		
Costs Monthly		
Employer		40.21 USD

To verify if the correct number of enrollees, the "Attributes" will read as follows:
 EE not enrolled = "Waived"
 Employee only = "EE Only"
 Employee +1 =
 "EE + Sp/EConDP/Child"
 Employee + 2 or more =
 "EE + Family/EConDP"
 In this example, the employee has him/herself and one dependent enrolled.

Personnel number	Name of employee	Page	Date
		2	10/08/2012

Vision		
Vision Plan		05/24/2012-12/31/9999
Attributes		
Standard, EE + Family (Vision)		
Costs Monthly		
Employer	8.64 USD	
Group Legal		
Group Legal		05/31/2012-12/31/9999
Attributes		
EE + Family		
Coverage		
Total coverage	0.00 USD	
Costs Monthly		
Employee post-tax	17.39 USD	
EAP		
EAP		06/01/2012-12/31/9999
Attributes		
Option 3		
Coverage		
Total coverage	0.00 USD	
Costs Monthly		
Employee post-tax	0.00 USD	
Employer credit	0.87 USD	
457 Plan		
457 Plan		05/31/2012-12/31/9999
Regular contributions Monthly		
Pre-tax	50.00 USD	
Standard Retire		
Miscellaneous 1st tier		05/31/2012-12/31/9999
Attributes		
8% Exc 513		
Regular contributions Monthly		
Pre-tax	8.00 % of base salary	
Contributions for bonus		
Pre-tax	8.00 % of base salary	

Employee Information Document

The Employee Information Document (EID) is a brief report of individual personnel actions for appointments, separations, and miscellaneous data changes. Its purpose is to provide employees with a notification of personnel actions that affect their employment with the State. It also allows them to verify corrections and changes made to their employment data. It is similar to the Notice of Personnel Action (NOPA).



State of California
Issue Date: <run date>

Notice of Personnel Action
Report of Appointment

Route to: <T500P-NAME1>
<P0001-KOSTL>

Person ID	Pers Assign No.	Employee Last Name	First Name & Middle Init	Date of Birth	Gender
50781	50781	Smith	John, M	05/02/1965	MALE

Address Line 1	Address Withhold Ind	County of Employment
710 Riverpoint Court	No	34

Address Line 2	City	State	Zip Code
	West Sacramento	CA	96503

Personnel Area	Job Title
State Controller's Office	Business Analyst

Effective Date	Action / Reason	Appointment Status	Time Base
05/01/2012	Assignment Change / List Appointment	Civil Service / Permanent	1/1

Salary Per	Probation Type / Period	1 st Review Date	2 nd Review Date	Final Review	State Service Credit
\$4,033.00/Month	New / 12 months	08/31/2012	12/31/2012	04/30/2013	24

THIS IS YOUR OFFICIAL APPOINTMENT AS SUBMITTED BY YOUR DEPARTMENT AND ENTERED ON YOUR OFFICIAL EMPLOYMENT HISTORY RECORD. PLEASE SIGN AND RETURN THE ORIGINAL TO YOUR DEPARTMENT PERSONNEL OFFICE WITHIN 10 WORKING DAYS.

YOUR SIGNATURE CERTIFIES THAT TO THE BEST OF YOUR KNOWLEDGE YOU HAVE PROVIDED YOUR DEPARTMENT WITH COMPLETE AND FACTUAL INFORMATION NECESSARY FOR A PROPER APPOINTMENT; AND THAT YOU INTEND TO SERVE IN THIS CLASS, TENURE, LOCATION AND OTHER ELEMENTS OF THIS APPOINTMENT AS REFLECTED ON THIS DOCUMENT; AND YOU WILL MAKE A REASONABLE ATTEMPT TO SEEK CORRECTION OF ANY ASPECT OF THIS APPOINTMENT THAT YOU KNOW IS ILLEGAL.

THE INFORMATION AS SHOWN ON THIS DOCUMENT IS ASSUMED CORRECT UNLESS YOU NOTIFY YOUR DEPARTMENT PERSONNEL OFFICE IN WRITING OF ERRORS WITHIN 30 CALENDAR DAYS FROM ISSUE DATE.



Employee Signature	Date

Employee List

The Employee List is used to assist HR staff with payroll reconciliation and identifying any active employees who did not receive a paycheck.

Employee List

Evaluation Period: 07/01/2012 to 07/31/2012
 Number of selected employees: 1
 Number of selected cost centers: 1
 Parameter KOSTLTX only allowed in connection with KOSTL

Cost PA	Cost Ctr	Page	Perf. No.	Name	Job Title	Leaving
1000 KOST	350810520	SRFTRIDS ENV REST	00010		Senior Accounting Officer (Specialist)	

Garnishment Details Report

The Garnishment Report is used to assist HR staff with verifying that monthly garnishment amounts have been deducted from employees that have active garnishments established.

Company - 1000 State of California									
Pay Area - MI Monthly MCO									
Pay Per - 01 201311/30/2012-12/31/2012									
Pay Date - 01/01/2013									
Garnishment Details Report									
<div> <div> <div>Page No. - 1</div> <div>Run Date - 12/18/2012</div> <div>Run Time - 13:29:08</div> <div>Report ID - RPOCMU0</div> </div> <div> <div>Initial Bal.</div> <div>Gar. Balance</div> <div>Gar. Balance</div> <div>Pri.</div> </div> </div>									
Employee Name	Employee ID	Document Date	Document Internal N. Seq.N.	Start Release Date	Document Number	Orig. State	Gar. Amount Taken	Initial Gar. Balance	Remaining Balance
	00011	08/19/2010	0001 01	05/31/2012 00/00/0000	200000000511904	CA 1	230.00	CS 001	
Payroll Area Total (MI)							230.00		
Company Total							230.00		



Position Master Report

The Position Master Report is generated for departments that have employees in MyCalPAYS. It's provided to departments every three months on the first day of the month. It is a department specific listing of positions and the employees in those positions that are in MyCalPAYS. Departments can use this report to assist them with reconciling their Legacy Vacancy Reports.



Report ran as of 10/15/2012
: 6100 State Controllers Office
001

Job Title	Pos Id	Pos Title	Legacy Position #	Pos Type	Text	Exp Date	Employee Name	Position Occupancy Date	Auth FTE	Emp FTE	No of Months Vacant	First Month/Yr Vacant	Exer
ce Technician (Typing)	64001111	Office Technician (Typing)	051-221-1139-010	1	Permanent		Smith, John	8/1/2012	100	100	2	Aug-12	

This is an example of what the Position Master Report will look like. This report will be downloaded into an excel document and forwarded to departments every three months at the beginning of the month. This report will be distributed to departments for the first time beginning November 1st. The next time the report will be made available will be February 1st, and then three months after that and so on.

Remuneration Statement

The Remuneration Statement provides pay information for individual employees for a specific payroll period. The Remuneration Statement is provided to departments each time pay issues for an



employee during any payroll period. After master payroll is run, the Remuneration Statement can be used along with the Employee List to reconcile master pay for the payroll period.



State of California
P.O. BOX 942850
SACRAMENTO, CA 94250-5878

Pay Type... Regular payroll
Pay Period... 11/30/2012 - 12/31/2012
Pay Freq... M1 Monthly Neg
Main Pers.No
Person ID...


Pay Date	Dep/Chk Number		Net	=	Gross	-	Taxes	-	Deductions
01/01/2013	00011191000730	Current:	3,458.98	=	5,357.59	-	317.76	-	1,580.85-
		YTD....:	3,458.98	=	5,357.59	-	317.76	-	1,580.85-

Pers.Assign.	Rate	Retro-active Hours	Amount	Rate	Current Period Hours	Amount	Year To Date Amount
EARNINGS							
Rate - Fractional	00011				173.33	4,240.59	4,240.59
Personal Leave Prog	00011				1.00	0.00	
CoMen Party Code 2	00011					1,117.00	1,117.00
*** Total Earnings						5,357.59	5,357.59
STATUTORY DEDUCTIONS							
FED TX EE Social Security Tax						257.53	257.53
FED TX EE Medicare Tax						60.23	60.23
*** Total Statutory Deductions						317.76	317.76
OTHER DEDUCTIONS							
4557 EBORGben NY Life AdIns112	00011					7.00-	7.00-
4585 EBORGben PurchasingPwrl40	00011					4.36-	4.36-
5005 Med EE Pre-Tax	00011					1,155.04-	1,155.04-
5030 Den EE Pre-Tax	00011					40.21-	40.21-
5055 Via EE Pre-Tax	00011					8.64-	8.64-
5155 457 EE Pre-tax	00011					50.00-	50.00-
5200 MISC EE Pre-tax	00011					298.21-	298.21-
5105 GRP LGL EE PstTax	00011					17.39-	17.39-
*** Total Other Deductions						1,580.85-	1,580.85-
EMPLOYER CONTRIBUTIONS							
						257.53	
						60.23	
MISC ER Contrib						869.45	869.45
EAP ER Contrib						0.87	0.87
Basic Life ER Cost						3.68	3.68
*** Total Employer Contributions						1,191.76	874.00

ABSENCE/ATTENDANCE QUOTAS	Validity Begin Date	Validity End Date	Entitlement	Taken	Remaining
Vacation	05/24/2012	12/31/9999	149.25000 Hours	31.00000	118.25000
Sick Leave	05/24/2012	12/31/9999	70.75000 Hours	40.00000	30.75000
Personal Holiday	07/01/2012	12/31/9999	1.00000 Hours	1.00000	0.00000
Holiday Informal	12/25/2012	12/31/9999	4.00000 Hours	0.00000	4.00000
Professional Deve	07/01/2012	06/30/2013	16.00000 Hours	16.00000	0.00000
PLP 2012	07/01/2012	12/31/9999	48.00000 Hours	32.00000	16.00000

Time Statement

The Time Statement is generated for employees in MyCalPAYS and provides leave quota information for individual employees. This report is provided to departments upon request only. The Remuneration Statement provides leave quota information as well and is provided to departments monthly.

	Time Statement	
	State Controller's Office	
From 11/30/2012 To 12/31/2012		
Name	CBID	E97
Personnel Number 00011	Time Base	1.00
Position Staff Services Analyst (G)	Work Schedule	P8040000
State Service 134.00	Accrual Rate	Vacation - 13.00 , Sick - 8.00
Intermittent C/O 0.00	Max Carry-ov	640.00

Absence Quota Balances on 12/31/2012

Quota Type	Beg. Balance	Period Activity				Remaining Balance
		Earned	Adjusted	Used	Compensated	
Vacation	105.25	13.00	0.000	0.00	0.00	118.25
Sick Leave	22.75	8.00	0.000	0.00	0.00	30.75
Personal Holiday	0.00	0.00	0.000	0.00	0.00	0.00
Holiday Informal Time Off	0.00	4.00	0.000	0.00	0.00	4.00
Professional Develop Day	0.00	0.00	0.000	0.00	0.00	0.00
PLP 2012	8.00	8.00	0.000	0.00	0.00	16.00

Attendance Detail for period 11/30/2012 to 12/31/2012


Date	Day	DWS	Attendance Type	Attendance Details	Attendance Hrs
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Absence Detail for period 11/30/2012 to 12/31/2012

Date	Day	DWS	Absence Type	Absence Reason	Absence Hrs
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Individual Day Results for period 11/30/2012 to 12/31/2012

Date	Day	DWS	Regular Hours	Overtime Paid	Overtime CTO	Misc. Attendance	Shift Prem.	Paid Absence	Unpaid Absence
11/30/2012	FR	8.00	8.00						
12/01/2012	SA	OFF							
12/02/2012	SU	OFF							
12/03/2012	MO	8.00	8.00						
12/04/2012	TU	8.00	8.00						
12/05/2012	WE	8.00	8.00						
12/06/2012	TH	8.00	8.00						
12/07/2012	FR	8.00	8.00						
12/08/2012	SA	OFF							
12/09/2012	SU	OFF							
12/10/2012	MO	8.00	8.00						
12/11/2012	TU	8.00	8.00						
12/12/2012	WE	8.00	8.00						
12/13/2012	TH	8.00	8.00						
12/14/2012	FR	8.00	8.00						
12/15/2012	SA	OFF							
12/16/2012	SU	OFF							
12/17/2012	MO	8.00	8.00						
12/18/2012	TU	8.00	8.00						
12/19/2012	WE	8.00	8.00						
12/20/2012	TH	8.00	8.00						
12/21/2012	FR	8.00	8.00						

		Time Statement State Controller's Office From 11/30/2012 To 12/31/2012							
Name				CBID	E97				
Personnel Number	00011			Time Base	1.00				
Position	Staff Services Analyst (G			Work Schedule	P8040000				
State Service	134.00			Accrual Rate	Vacation - 13.00 , Sick - 8.00				
Intermittent C/O	0.00			Max Carry-ov	640.00				
Individual Day Results for period 11/30/2012 to 12/31/2012									
Date	Day	DWS	Regular Hours	Overtime Paid	Overtime CTO	Misc. Attendance	Shift Prem.	Paid Absence	Unpaid Absence
12/22/2012	SA	OFF							
12/23/2012	SU	OFF							
12/24/2012	MO	8.00	8.00						
12/25/2012	TU	8.00	8.00						
12/26/2012	WE	8.00	8.00						
12/27/2012	TH	8.00	8.00						
12/28/2012	FR	8.00	8.00						
12/29/2012	SA	OFF							
12/30/2012	SU	OFF							
12/31/2012	MO	8.00	8.00						
Subtotals			176.00	0.00	0.00	0.00	0.00	0.00	0.00